

New Jersey Department of Education  
**EMERGENCY IMMIGRANT EDUCATION PROGRAM**  
**FY 2000 Final Report**  
**Project Period 9/1/1999 to 8/31/2000**

1. PROJECT NUMBER: EIEP	2000.	2. LEA:	3. County:		
4. Contact Person:		4a. Tel. #	4b. Fax #		
5. Address:					
6. Indicate whether or not the goals, objectives and activities in the approved application have been completed. If not, provide a rationale. Attach a separate sheet if necessary.					

		EXPENDED BUDGET					
7. EXPENDITURE CATEGORY	7a. FUNCTION OBJECT CODE	7b. FAMILY LITERACY	7c. TRAINED PERSONNEL	7d. ACADEMIC CAREER COUNSEL	7e. BASIC INSTRUCTIONAL SERVICE	7f. ED SOFTWARE TECH	7g. FUNDS TO BE REFUNDED
<b>INSTRUCTION</b>							
Salaries of Teachers	100-101						
Other Salaries for Instruction	100-106						
Purchased Prof. & Technical Services	100-300						
Other Pur. Serv. (400-500 series)	100-500						
General Supplies	100-610						
Textbooks	100-640						
Other Objects	100-800						
<b>SUBTOTAL INSTRUCTION</b>							
<b>SUPPORT SERVICES</b>	200-						
	200-						
	200-						
	200-						
	200-						
<b>SUBTOTAL – SUPPORT SERVICES</b>							
<b>FACILITIES ACQUISITION &amp; CONSTRUCTION SERVICE</b>							
Buildings (Use Charge)	400-720						
Instructional Equipment	400-731						
Noninstructional Equipment	400-732						
<b>SUBTOTAL – FACILITIES ACQ &amp; CONSTR</b>							
<b>TOTAL FUNDS</b>							

8a. Approved FY 2000 Allocation: \$	8b. Total Expended Amount: \$	8c. Total Refund Amount \$
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9. To the best of our knowledge, we certify that this report is accurate.

Approved by Chief School Administrator: \_\_\_\_\_ (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Board Secretary/School Bus. Admin.: \_\_\_\_\_ (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING FINAL REPORT

- Section 1. List the four-digit district code after "EIEP".
- Sections 2-5. Complete all identifying information.
- Section 6. Indicate whether or not the goals, objectives and activities in the approved application have been completed. If not, provide rationale. Attach a separate sheet if necessary.
- Sections 7-7a. For the Support Services expenditure category (column 7), write in those items and function/object codes (column 7a) as needed to identify the expended funds (columns 7b through 7f).
- Sections 7b-7f. Enter by line item the amount expended from the originally approved budget or the most recently approved amended budget.
- Section 7g. Enter by line item the unexpended amounts that the LEA will be returning.
- Section 8a. Enter your LEA's approved FY 2000 allocation.
- Section 8b. Enter the Total Expended Amount calculated by adding the Total Funds in Columns 7b. through 7f.
- Section 8c. Calculate the amount to be refunded by subtracting 8b. from 8a, and totaling 7g. Both figures should agree. Make check payable to: Treasurer, State of New Jersey, and mail with copy of report to:
- New Jersey Department of Education  
Office of Budget and Accounting  
Bureau of Revenue and Grant Accounting  
PO Box 500  
Trenton, New Jersey 08625-0500
- NOTE: 8b + 8c = 8a.**
- Section 9. Signature of Chief School Administrator and date following review.  
Signature of Board Secretary and date following review.

**Send the original and one copy of this Final Report to:**

Darlene M. Mincy, Acting Director  
New Jersey Department of Education  
Office of Bilingual Education & Equity Issues  
PO Box 500  
Trenton, New Jersey 08625-0500

Please maintain a copy of the report in the district office.

**FY 99 Final Report Submission Deadline: December 10, 1999**